



TOWN OF WILBRAHAM

Planning & Community Development

240 Springfield Street
Wilbraham, Massachusetts 01095

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INSTRUCTIONS FOR ADULT CARE FACILITY (ACF) SPECIAL PERMIT APPLICATION

1. Application shall be made on the form provided by the Planning Board in accordance with [Section 8.3](#) of the Wilbraham Zoning By-Law.
2. Every application, when filed, shall be accompanied by twelve (12) copies of a site plan, certified by a registered engineer or a land surveyor in accordance with [Section 8.3](#) and [Section 13.3](#) of the Wilbraham Zoning By-Law.
3. Application shall be accompanied by an original signature of the applicant. If the applicant is not the owner of the property, the owner must also consent to the application.
4. Application must be accompanied by a fee of **\$1000.00** payable to the Town of Wilbraham. **Separate charges for advertising costs are the responsibility of the applicant and must be paid prior to the public hearing.**

Revised March, 2007

**WILBRAHAM PLANNING BOARD
ADULT CARE FACILITY (ACF) SPECIAL PERMIT APPLICATION**

The undersigned herewith submits the accompanying application for a special permit to allow construction of an Adult Care Facility (ACF) under the requirements of Sections [3.4.4.8](#), [8.0](#) and [13.6](#) of the Wilbraham Zoning By-Law.

1. Name of Development:
2. Name of Applicant:

Address:

Telephone Number:

Applicant is _____ (owner, tenant, prospective purchaser, etc.)
3. Address & Description of Locus Property:
4. Name & Address of Property Owner:
5. Property Deed: HCRD Book _____ Page: _____
6. Description of all existing easements, liens, restrictions, mortgages and/or encumbrances on the subject land (be specific):
7. General Description of Development Concept:
8. Dimensional Requirements

Zoning District:
Parcel Size (total lot area):
Total wetland area:
Total usable land:
Frontage:
Front setback (minimum):
Side yard setback (minimum):
Rear yard setback (minimum):
Landscape Buffer strip (minimum):
Building Coverage (maximum):
Building Dimensions (maximum): Stories _____: Height: _____
Total dwelling units:
Density: Units/total acreage: _____ Units/developed acreage: _____

9. Type of Facilities: (Check all that apply and list # of units)

- ☐ Adult Day Care
- ☐ Assisted Living Residences
- ☐ Congregate Living Residences
- ☐ Continuing Care Retirement Community
- ☐ Custodial Care Facility
- ☐ Elderly Housing
- ☐ Group Care Facility
- ☐ Hospice Care
- ☐ Independent Living
- ☐ Nursing Home
- ☐ Medical Offices
- ☐ Ancillary Services
- ☐ Other:

Please submit 12 copies:

- ☐ Development Statement [see [Section 8.3.A.1](#)]
- ☐ Development Site Plan [see [Section 8.3.A.2](#)]
- ☐ Floor plans and architectural elevations [see [Section 8.3.A.3](#)]
- ☐ Traffic Study [see [Section 8.3.A.4](#)]
- ☐ Engineering Report [see [Section 8.3.A.4](#)]
- ☐ Marketing & Operational Study [see [Section 8.3.A.6](#)]

I hereby request a public hearing before the Wilbraham Planning Board acting as the Special Permit Granting Authority with reference to the above noted application. I herewith submit the application fee of **\$1,000.00**. I understand that there will be separate charges for advertising costs and recording fees which I agree to pay when billed.

Name and Title of Applicant (please print)

Signature of Applicant

Signature of Property Owner